

CERTIFICATE OF APPOINTMENT OF CLERK

To: (name of appointee) _____

THIS IS TO CERTIFY, that at a ("regular" or "special") _____ meeting of the Board of Trustees of School District No. _____ of _____ County, State of Montana, which was held on _____ day of _____ 20____, (state name) _____, you were duly appointed to fill the office of District Clerk to serve at the pleasure of the Board (state term)_____.



Trustees for
District No. _____

OATH OF OFFICE (Optional)

I do solemnly swear (or affirm) that I will support, protect and defend the Constitution of the United States and the Constitution of the State of Montana, and that I will discharge the duties of my office with fidelity.

Print newly elected Clerk's Name

Signature of newly elected Clerk

Subscribed and sworn to before me this _____ day of _____, 20 ____

Print County Superintendent's Name

Signature of County Superintendent

DATED this _____ day of _____, 20 ____

(This form is to be presented to the clerk after the trustees' organizational meeting.)
20-1-202, MCA